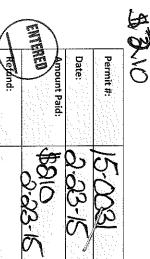
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFE D COUNTY, WISCONSIN Date Ramp (Received)

Bayfield Co. Zoning Dept. 图 19205



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN 18

CANCEL CHESTON CONTRACTOR CONTRAC	Secretarial Staff	Ţ	I Z S	Rec'd for Issuance	INIUIIICIPAI OSE	Musicinal			☐ Commercial Use				X Residential Use	,		Proposed Ose		Proposed Construction:	Existing Structure: (if permit being applied for is relevant to					0001/		,	Value at Time of Completion * include donated time & material	Non-Shoreland		∑ Shoreland →		Section	Parcely,	PROJECT LOCATION	Authorized Agent: (Person Signing Application on behalf of Owner(s))	₽	Address of Property:	Seral C	TYPE OF PERMIT REQUESTED—
	T	T		uance □	1.	T			Use	***************************************			Jse		-			ıction:	: (if permit bei		Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project			X is Property	☐ Is Property Creek or Lan	5 , Township	#15 1/4	Legal Description:	erson Signing Appl	*) 	De boralo	EQUESTED—
	Other: (explain)	Conditional Use: (explain)	Special Use	Accessory I	Accessory Building	Addition/Alteration	Mobile Hor	Bunkhouse							Residence (Princinal St			ng applied for i	***************************************								den en de communication de contraction de contracti	7	u/Land within 1	y/Land within a	7	Gov't Lot	1	ication on behalf o		<u>2</u>	$\Delta 0$	X LAND USE
	Other: (explain)	lise (explain)	(explain)	Accessory Building Addition/Alteration	Building (spe	1	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	(i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			s relevant to it)		Foundation	☐ No Basement	Basement	□ 2-Story	1-Story + Loft	☐ 1-Story	# of Stories and/or basement			Nis Property / Land within 1000 feet of Lake. Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	N, Range	V 4 40 5 1 4 V 7 4 1 5 1 4	(Use Tax Statement)			<u>G</u>	2	
		***************************************		ion/Alteration	(specify)	(specify)	ed date)	, <u>or</u> 🗆 sleepin	d Garage	웃		·ch			ting shack, et	structure on r	Droporo	Length:	Length:			nt				Sea			If yescontinue	e. Pond or Flow	r, Stream (incl. ir If yesconti	*	CSM V	04- 022-2	Agent Phone:	Contractor Phone:	City/State/Zip:	Mailing Address:	SANITARY D
		·		n (specify)	building	╝		g quarters, <u>or</u>							c.)	ture on property)	d Structure	60						r1	🖎 Year Round 📗	Seasonal	Use		₩			Ho	Vol & Page	-47-09-	Ager	ne: Plumber:	River,	Styst	ΙΨ
				(٩٤١			cooking & f														None		3	2	1	# of bedrooms			istance Struct	Distance Structure	Hughes	Lot(s) No.	7-09-15-305-	nt Mailing Addr)ber:	E H	Selection of the select	☐ CONDITIONAL USE
		Later House, House, House, Landson, Lan						ood prep facilit									more everences ferrende ever end enser eld de lade de ever de	Width:		None		Portable (w/service cont	Privy (Pit)	★ Sanitary (Exists)	☐ (New) Sanitary	☐ Municipal/City	Se		300+ fee	ure is from Sh	ure is from Shoreline : fee		Block(s) No.	-400	Agent Mailing Address (include City/State/Zip):	•	74847	Supertor, W	· 37 -
-		<u> </u>	_	<u> </u>				ies) (_	_	6			ollet	w/servic	or	xists)		/City	What Typower/Sanitary		feet	oreline .	oreline : feet	LOS SIZE	Subd	1600 Volume	/State/Z		•	71	□ SPECIAL USE
	×	×	×	. ×	× 07	×	×		×	×	X	×	×	×	×	X	Dimonsio	I	I			e contract)	Vaulted (mi	Specify Type: Cond	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		<u> </u>		#	že	Subdivision:	ne Sil	ip): Written Authoriz Attached			54880	
		_ .	_	_	(00)	1	_	_	_	-	_)	-)	-	-	S	Height:	Height:				ted (min 200 gallon)	Com)		3		No	□ Yes	Is Property in Floodplain Zone?	Acreage	The second secon	nt: (i.e. Pro	Writter Attache	Plumbe	25 E	lelephone:	A
,	MANAGAMINA ANGARANA MANAGAMANA MANAGAMANA MANAGAMANA MANAGAMANA MANAGAMANA MANAGAMANA MANAGAMANA MANAGAMANA MA				2400											Footage	Square	נע גע					lon)	1	Xwell	☐ City	Water	Variantistische in der Angeleichte der vertreiten vor der der Vertreiten der Vert	XNo		Are Wetland Present?	Q' / 38p		perty Ownership (se(s) 787	Written Authorization Attached Ores Wo	Plumber Phone:	363-0443	one:	BIO.AV BOTHER

Attach

Copy of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Owner(s): (If there ar

the Deed All Owners must sign

Lasoule

or letter(s) of authorization must acco

\$

Date

2-18-15

orization must accompa

this application)

Date

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES in formation has been examined by me (us) and to the best of my four) knowledge and belief it is true, correst and complete. I (we) acknowledge that I (we) target of all information I (we) and my fare) providing and that it will be relied upon by Bayfield Courty in determining whether to issue a permit. I (we) further accept liability which go this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

Authorized Agent:

Address to send permit SAMC

S

alwove owner(s) a l

(If you are signing on behalf of the

letter of authorization must accompany this application)

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval-15

Signature of Inspector:

when

2